

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/786642** FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1			
2		1			
3		1			
4		1			
5		1			
6		1			
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TOTAL IND.	1		1		
TOTAL DEP.	2	↓	3	↓	↓
TOTAL CLAIMS	3		0		

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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